

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **506655** (0)

1. Corporation Name

GALATI'S MARINE, INC.

Principal Place of Business

Mailing Address

**900 S BAY BLVD
BOX 862
ANNA MARIA FL 34216**

**900 S BAY BLVD
BOX 862
ANNA MARIA FL 34216**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1976		3a. Date of Last Report 07/25/1995	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1691932		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALATI, JOSEPH
900 SOUTH BAY BLVD.
ANNA MARIA FL 34216**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer/approver

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, CARMINE	1.2 NAME	
STREET ADDRESS	900 SOUTH BAY BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANNA MARIA FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, JOSEPH	2.2 NAME	
STREET ADDRESS	900 SOUTH BAY BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANNA MARIA FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, MICHAEL A, JR	3.2 NAME	
STREET ADDRESS	900 SOUTH BAY BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ANNA MARIA FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, CHRISOPHER	4.2 NAME	
STREET ADDRESS	900 SOUTH BAY BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ANNA MARIA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, ANNA M	5.2 NAME	
STREET ADDRESS	806 N POINT DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLMES BCH. FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, the registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMINE GALATI 6-20-96 (941) 778-0755

DATE

DAY/MONTH/YEAR

CR2E034 (3/96)